Instructions to Form UPA-115 – Statement of Dissociation from a Partnership

Filing Requirements					
Required Fees	Filing Fee: \$25.00				
File Online Today		Paper Filing			
Visit https://cis.scc.virginia.gov to file the statement of dissociation from a partnership in real time.		Download from https://scc.virginia.gov/pages/Virginia-and-Foreign-Partnerships complete, print, and mail or deliver to below address:			
Questions? Visit the CIS help page at https://scc.virginia.gov/pages/CIS-Help for how-to guides, answers to frequently asked questions, and helpful videos.		State Corporation Commission Clerk's Office P.O. Box 1197 Richmond, VA 23218-1197	Courier Delivery Address 1300 E. Main St, 1 st floor Richmond, VA 23219		
Pay online with a credit card or eCheck. No additional processing fees apply for filing online.		Include a check payable to State Corporation Commission. DO NOT SEND CASH.			

A statement of dissociation for a partnership may be filed if the partnership has filed with the State Corporation Commission a statement of partnership authority that has not been canceled.

A partner has the power to dissociate at any time, rightfully or wrongfully, by express will pursuant to subdivision 1 of § 50-73.109 of the Code of Virginia.

A statement of dissociation is a limitation on the authority of a dissociated partner for the purposes of subsections D and E of § 50-73.93 of the Code of Virginia.

For the purposes of subdivision A3 of § 50-73.113 and subdivision B3 of § 50.73.114 of the Code of Virginia, a person, not a partner is deemed to have notice of the dissociation 90 days after the statement of dissociation is filed.

The person who files this statement must promptly send a copy of the statement to every nonfiling partner and to any other person named as a partner in the statement. See § 50-73.83 E of the Code of Virginia.

If this statement is submitted by the partnership, it must be signed by at least two partners. If this statement is submitted by a dissociating partner, it must be signed by the dissociating partner. Each person signing this statement must set forth his or her printed name next to or beneath his or her signature. A person signing on behalf of a partner that is a business entity should set forth the business entity's name, his or her printed name, and the capacity in which he or she is signing on behalf of the business entity. Any person may execute a statement by an attorney-in-fact. See § 50-73.83 C of the Code of Virginia.

It is a Class 1 misdemeanor for any person to sign a document he or she knows is false in any material respect with the intent that the document be delivered to the Commission for filing. See § 50-73.83 C of the Code of Virginia.

Important Information

The statement must be in the English language, typewritten or legibly printed in black, using the following guidelines:

- use solid white paper
- one-sided

size 8 1/2" x 11"

• no visible watermarks or background logos

Do not include personally identifiable information, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at www.scc.virginia.gov/clk.



Statement of Dissociation from a Partnership

The undersigned, on behalf of the partnership or the dissociating partner set forth below, pursuant to Title 50, Chapter 2.2, Article 7 of the Code of Virginia, states as follows:

1.	The name of the partnership is					
2.	The partnership is formed ur	der the laws of	·			
	The partnership is formed under the laws of (state or other jurisdiction)					
3.	The partnership's SCC ID nu	mber is				
4.	. .	named as a partner in a filed statement on agent pursuant to § 50-73.93 B of the ship:				
If sul	bmitted on behalf of the partner	ship, the signature of at least two partner	S:(date)			
	(signature)	(printed name)	(date)			
<u>OR</u>						
If sul	bmitted by a dissociating partne	r, the signature of the dissociating partne	ır:			
	(signature)	(printed name)	(date)			
	Telephone nun	nber (optional):				